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PTO/SB/21 (01-08)

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TRANSMITTAL
FORM

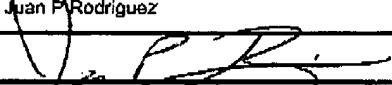
(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/016,815	
	Filing Date	10/30/2001	
	First Named Inventor	Charisse M. Nicastro	
	Art Unit	3694	
	Examiner Name	Basil, Abdul	
Total Number of Pages in This Submission	1	Attorney Docket Number	TRIRG-01002US0

ENCLOSURES (Check all that apply)

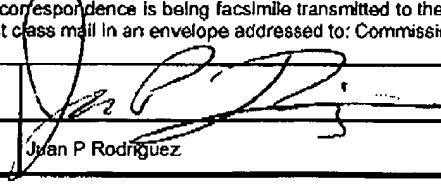
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Power of Attorney and Correspondence Address Indication Form (SBB1)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Juan P Rodriguez		
Signature			
Printed name	Juan P Rodriguez		
Date	06/12/2008	Reg. No.	58,499

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Date

06/09/2008

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PTO/SB/81 (01-08)

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INDICATION FORM**

Application Number	10/018,615
Filing Date	10/30/2001
First Named Inventor	Cherisse M. Nicastro
Title	Business Asset Management System Us
Art Unit	3694
Examiner Name	Basit, Abdul
Attorney Docket Number	TRIRG-01002US0

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

 Practitioners associated with the Customer Number:

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 Practitioner(s) named below:

Name	Registration Number
Juan P Rodriguez	58,499

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input checked="" type="checkbox"/> Firm or Individual Name	TRIRIGA LLC.		
Address	6700 Via Austin Parkway		
City	Las Vegas	State	Nevada
Country	United States	Zip	89119
Telephone	1-702-932-4444	Email	legal@tririga.com

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	06/12/2008
Name	Bart J. Verdirame, Esq	Telephone	1-702-932-4444
Title and Company	Vice President and General Counsel		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of 1 forms are submitted.

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